MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 1U/303566   FILING DATE   APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1						
2	1					
3	1					
4		1				
5		1				
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35		2				
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CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		38				
TOTAL CLAIMS	42					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS